APPLICATION TO PURCHASE STATE OF ILLINOIS SURPLUS PROPERTY

Date:	Account Number: OFFICIAL USE FOR CMS ASSIGNMENT	
ORGANIZATION:		
ADDRESS:		PHONE #:
		COUNTY:
FORM OF AGENCY		
(Examples of such organizat Health Centers, Schools, Co Programs for the Elderly, Fo ALL NOT-for-PROFIT ORGANIZ	tions include but are not lingleges, Universities, Child lood Banks, State Sheltered LATIONS MUST PROVING as not-for-profit corporation or Fed 501 (c) ruling, or accreditation. E Surplus: ASE SIGN BELOW ANI	
The organization, school district or u Property will be used for programma	nit of local government is tic purposes. I understand	qualified to receive surplus State Property. All State d property purchased may not be sold, traded in, or he Department of Central Management Services.
BY:		Please place Notary Impression Stamp here.
TITLE:		recess place Notary Impression stamp here.
DATE:		
State of Illinois County of		
I,, a appeared before me and being duly sv above is correct.		ecuted the document above and that the information
Notary Public		Commission Expires
PLEASE RETURN TO: Illinois Department of Centr State Surplus Property Conti	rol	Note: All items shall be paid for by a check drawn on the purchasing organization prior to the items leaving the warehouse.

Bureau of Property Management 1923 South 11th Street, Springfield, IL 62703

NO CASH OR PERSONAL CHECKS WILL BE ACCEPTED.